

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-021084

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 270

Primary Registration District No. _____

Registrar's No. 67

FILED MAY 21 1963

1. PLACE OF DEATH

a. COUNTY

PULASKI

b. CITY (If outside corporate limits, give TOWNSHIP only)

WYANNESVILLE

Length of stay in 1b

Month

c. FULL NAME OF (If NOT in hospital, give location)

PULASKI COUNTY HOSP

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

PULASKI

Inside Limits

Yes ☒ No ☐

c. CITY

Richland

OR TOWN

d. STREET

(If outside, give location)

Chestnut St.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

NANCY

Middle

ANN

Last

Pickering

4. DATE

OF DEATH

Month

MAY

Day

10

Year

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married

Widowed ☒

8. DATE OF BIRTH

Nov 5-1887

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Domestic

11. BIRTHPLACE (City and state or country)

Pulaski County MO

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

DAVE CRAWFORD

13b. MOTHER'S MAIDEN NAME

MARY SUTTON

14. NAME OF HUSBAND OR WIFE

EDWARD PICKERING

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of)

NO

16. SOCIAL SECURITY NO.

346 Ed Pickering

17. INFORMANT

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from April 1-63 to May 10-63 and last saw her alive on May 10-63

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

L. M. Williams

(Degree or title)

DO

22b. ADDRESS

Richland Missouri

22c. DATE SIGNED

5/13/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

5/15/63

23c. NAME OF CEMETERY OR CREMATORY

FAIRVIEW CEMETERY

23d. LOCATION (City, town, or county)

HAGUEY PULASKI MO

(State)

24. FUNERAL DIRECTOR

Mess-Williams

ADDRESS

Richland, MO

25. DATE RECD. BY LOCAL REG.

5-16-63

26. REGISTRAR'S SIGNATURE

Edna Mae Anderson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 0850
2 0850
3
4 1
5 1
6
7 0
8 2
9 420.1
10
11
12 1-2
13 1-0

MAY 27 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Clarence J. Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.